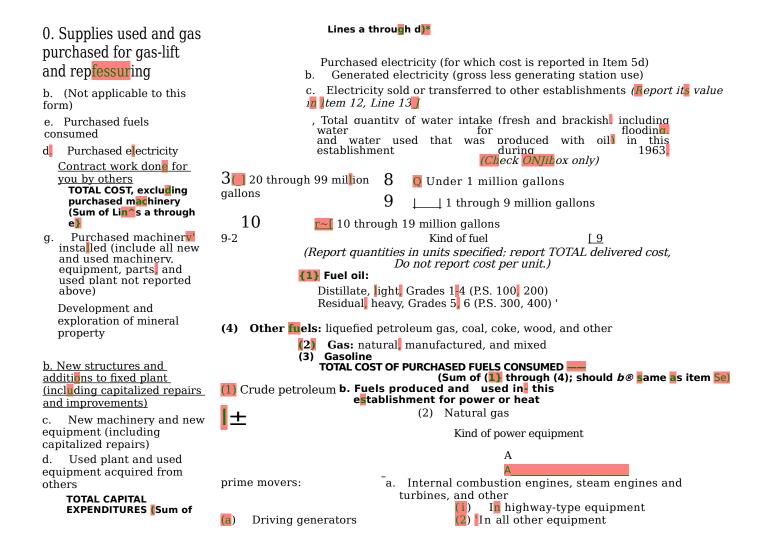


noncorporate) PI Other (Specify) D. FEDERAL SOCIAL SECURITY IDENTIFICATION NUMBER Enter identification number used for lishment (as shown Employee's oη Federal Tax Return, Treasury Form 941). ORGANIZATION OF **OPERATING** E. COMPANY COMPANY Does this company operate more than one place of business under the same dentification Number shown n D above? Does this company own or control another company? . . Is_Hits company owned or controlled by another FOR CENSUS USE ONLY company? of "Yes." is checked in Part (3) give name and address of owning or controlling company.)

this

estab-

Quarterly



(b) Not driving generators

b. Electric motors (1

horsepower and over)

3

3

hp

Į.

en

12

14

16